

KIDS' CASTLE GROUP REGISTRATION 2012

Required for all groups regardless of size. Certificate of Insurance must be provided upon request.

Group/Organization: _____

Complete Address: _____

Contact Person: _____ Phone: _____

Email Address: _____

On Site Contact: _____ Phone: _____

Date Requested: _____ Day Requested: Tuesday Wednesday Thursday

Requested Time (10 am-3 pm): _____ am/pm to _____ am/pm Adult Chaperones (1:8 ratio required) : _____

Anticipated number of Children: _____ (\$4 per child fee) Age Range of Children: _____ years

Note: Kids' Castle group registration does not include pavilion use. Pavilion is available for group rentals. Call for a Facility Use Application (rental fee is determined by the number in the group).

I/we understand that the above named organization shall be held solely responsible for the care, supervision and behavior of the children within our group. I/we further understand that the organization named above shall be solely responsible for any and all damage caused by any member of our group while visiting Kids Castle.

Authorized Signature _____ Date _____

Print Name _____ Title _____

Registration Form may be faxed to 215-348-8729 or Email to info@doylestownpa.org

Registration forms may be downloaded from www.doylestownpa.org

Payment is due immediately upon arrival to Central Park at the Administration Office

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